



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

**Contractor:** PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND  
**Contractor Address:** 345 WHITNEY AVENUE, NEW HAVEN, CT 06511  
**Contract Number:** 093PPL-SBG-27 / 14DSS5001VG  
**Amendment Number:** A1  
**Amount as Amended:** \$737,487  
**Contract Term as Amended:** 01/01/14 - 09/30/14

The contract between **Planned Parenthood of Southern New England** (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and signed by the Commissioner on 03/25/14, is hereby amended as follows:

1. The Unit Rates and budget on pages 14 and 15 of the original contract are deleted in their entirety and replaced with the following:

**Projections for 1/1/14-9/30/14**

Type of Visit	Unit Rate	Expected # of Visits	Total Unit Rate Cost	Expected Payments	Charge to Title XX
Annual	134	1528	\$ 204,752	44025	\$ 160,727
HIV test and counseling	57	1911	\$ 108,927	28345	\$ 80,582
Initial	149	370	\$ 55,130	11130	\$ 44,000
Medical	83	6195	\$ 514,185	130080	\$ 384,105
Pregnancy test and counseling	64	680	\$ 43,520	8790	\$ 34,730
Supply	50	806	\$ 40,300	6957	\$ 33,343
<b>Total Unit Rate Cost</b>			<b>\$ 966,814</b>	<b>\$ 229,327</b>	<b>\$ 737,487</b>

This document constitutes an amendment to the above numbered contract. All provisions of that contract, except those explicitly changed above by this amendment, shall remain in full force and effect.

FINANCING SUMMARY

	(A) REQUESTED	(B) ADJUSTMENTS	(C) APPROVED
Total State Grant: \$737,487			
For Amendments Only Previously approved State Grant Amount of Amendment			

ITEM / Line #	Subcategory	Line Item Total	Adjustments	Revised Total
1. <u>UNIT RATE</u>				
1a. Bed Days				
1b. Client Advocate				
1c. Security Deposit				
1d. Other Unit Rate Costs	\$966,814			
TOTAL UNIT RATE	-	<b>\$966,814</b>		
2. <u>CONTRACTUAL SERVICES</u>				
2a. Accounting				
2b. Legal				
2c. Independent Audit				
2d. Other Contractual Services				
TOTAL CONTRACTUAL SERVICES				
3. <u>ADMINISTRATION</u>				
3a. Admin. Salaries				
3b. Admin. Fringe Benefits				
3c. Admin. Overhead				
TOTAL ADMINISTRATION				
4. <u>DIRECT PROGRAM STAFF</u>				
4a. Program Salaries				
4b. Prog. Fringe Benefits				
TOTAL DIRECT PROGRAM				
5. <u>OTHER COSTS</u>				
5a. Program Rent				
5b. Consumable Supplies				
5c. Travel & Transportation				
5d. Utilities				
5e. Repairs & Maintenance				
5f. Insurance				
5g. Food & Related Costs				
5h. Other Project Expenses				
TOTAL OTHER COSTS				
6. <u>EQUIPMENT</u>				
7. <u>PROGRAM INCOME</u>				
7a. Fees	\$229,327			
7b. Other Income				
TOTAL PROGRAM INCOME		<b>\$229,327</b>		
8. <u>TOTAL NET PROGRAM COSTS</u>		<b>\$737,487</b>		

**SIGNATURES AND APPROVALS**

**093PPL-SBG-27 / 14DSS5001VG A1**

The Contractor IS NOT a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

**CONTRACTOR - PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND**

  
\_\_\_\_\_  
Judy Tabar, *President & CEO*

4/21/14  
\_\_\_\_\_  
Date

**DEPARTMENT OF SOCIAL SERVICES**

  
*Deputy Commissioner for*  
\_\_\_\_\_  
Roderick L. Bremby, *Commissioner*

4/30/14  
\_\_\_\_\_  
Date

**OFFICE OF THE ATTORNEY GENERAL**

This Contract Amendment template having been reviewed and approved by the OAG, it is exempt from review pursuant a Memorandum of Agreement between the Agency and the OAG dated March 19, 2009.